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Applicant(s)	Nikolich Nikolich
Serial No.	09/775,224
Confirmation No.	9058
Filing Date	February 1, 2001
Group Art Unit	2611
Examiner Name	Hunter Lonsberry
Attorney Docket No.	100.166US01

TRANSMITTAL FORM UNDER 37 CFR 1.8 (LARGE ENTITY)

Title: MONITOR, CONTROL AND CONFIGURATION OF FIBER NODE VIA CABLE MODEM

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

## **Enclosures**

## The following documents are enclosed:

- X Supplemental Information Disclosure Statement (1 pg.) Form 1449 (1 pg.) and a copies of 8 cited references.
- X Form PTO-2038 (Credit Card Payment Form) for Supplemental IDS fee.
- X A return postcard.

Please charge any additional fees or credit any overpayments to Deposit Account No. 502432.

## **CUSTOMER NO. 34206**

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I certify	that this correspondence, and	the documents id	entified above, a	re being deposited v	vith the United States		
Postal Se	ervice as first class mail in an	enyelope address	ed to: Commissi	oner for Patents, P.	O. Box 1450,		
Alexand	ria, VA 22313-1450 on Augus	st <b>5</b> , 2004.					
Name	Jane E. Sagers	Signa	ture AAA	Cam n c			



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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Title: MONITOR, CONTROL AND CONFIGURATION OF FIBER NODE VIA CABLE MODEM

Commissioner for Patents PO Box 1450 Alexandria, VA 22313

In compliance with 37 C.F.R. § 1.56, and in accordance with 37 CFR § 1.97, et seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP §609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 CFR § 1.97 (c) (2), Applicant has included the fee of \$180.00 as set forth in 37 CFR § 1.17(p). Please charge any additional fees or credit any overpayment to Deposit Account No. 502432.

The Examiner is invited to contact the Applicant's representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

Date SULJUST 2014

Laura A. Ryan Reg. No. 49,055

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Serfal No.	09/775,224
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Attorney Docket No.	100.166US01

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT FORM PTO-1449

Title: MONITOR, CONTROL AND CONFIGURATION OF FIBER NODE VIA CABLE MODEM
Sheet 1 of 1

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Examiner	Date				
Signature	Considered				
*Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not					